After this

8948

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| | | | | | DEAT |
|------|---|------|------|---------|------|
| Item | 8 | Film | G293 | 8/22/61 | mh |

Reg. Dist. No. (1894)

| after death | 8948 Item | 8 Film G293 | 8/22/61 mh | Reg. D | ist. No. 10940 |
|---|---|---------------------------------------|---|---|-------------------------------------|
| 声 | 1. PLACE OF DEATH | | 2. USUAL RESIDENCE | E (HOME) OF DECEA | SED |
| the the | county Calvert | MARYLAND | STATE Marylan | d COUNTY CE | lvert |
| director, th | CITY (If outside corporete limits, write RURAL OR end give neerest town) TOWN | (in this plece) | OR | ngtown | neerest town) |
| within 72 funeral dire | HOSPITAL OR INSTITUTION OR Calvert County STREET ADDRESS Prince Frederic | | STREET ADDRESS | (If rurel give locati | on) |
| strar wi | 3. NAME OF (first) DECEASED (Type or Print) Margarett Rack | (Middle) | (Last) | 4. DATE (Month) OF DEATH 8 | (Day) (Year) 14 1961 |
| the registrar in by the | 5. SEX 6. COLOR OR 7. SINGLE, MARR WIDOWED D. (Specify) S | VORCED, | | AGE last birthdey IF UN Month | DER 1 YEAR IF UNDER 24 HRS |
| with the filled in mit. | | ND OF BUSINESS INDUSTRY | 11. 8IRTHPLACE (State or foreign Calvert Coun | ty. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| ompletely transit ne |) Alexander Dare Sr. | | Rachel Daw | n | |
| cate com | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deles of service) | S. SOCIAL SECURITY NO. | Mrs. Mary | Margaret Ch | own, Md. |
| cian as | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | VR, du | Leon | | INTERVAL BETWEEN ONSET AND DEATH |
| of the for n | ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | resid | Perdzis. | | |
| quires the | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| w req | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS | OF OPERATION | | | 20. AUTOPSY? YES NO |
| The law | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (How OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, If EITHER, NOTIFY MEDICAL EXAMINER) | | 21c. WHERE DID INJURY OCCUR? | (City or town) (C | County) (State) |
| RECTOR: The een executed assembly sho | Wh | INJURY OCCURRED Not while ork at work | 21f. HOW DID INJURY OCCUR? | | |
| Phi Pha | 22. I hereby certify that I attended the dece alive on | | 3. M, from the cau | ses and on the date s ss (Street, city, town, state) | ated above. |
| certificate death cer | 23. BURYAL, CREMATION, DATE THEREOF BUT191 24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE | NAME OF CEMETERY OR | sz Church | Lower Marl | |
| RP | DATE UG 1 8 '61 REGISTRAR'S SIGNATURI | | 1 23. PUNERAL DIRECTOR SIL | escuttenting | |
| V | | | | 9 | |

ST. SEOMIT SAS-HELAST TO SUBMISSASSIO FLATS CHARLES AND CERTIFICATE OF DEATH Carrier Carrier James Page the sale of the sale CHELDO DONE · Tax state of another · be constant and and the constant - Dec . Charles (Santa)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessory, please exertor. Pogs 4 shauld be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY Calvert Maryland Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! Neeld's Estate, Plum Point, Md. Prince Frederick Is nece d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES NO IX NAME OF Middle 4. DATE Doy Year DECEASED (Type or print) Fischer DEATH 19 67 Emma August 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours August 3. White WIDOWED T DIVORCED Female 63 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. New Hampshire Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Billado Joseph Bureau Plum Point, Md. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address none John E. Fischer, Neeld Estate, Md. No PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN I. DEATH WAS CAUSED BY: 1100 IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying cause last. ing" in Office PART II, COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW MURY OCCURRED. JEnter noture of injury in Port I ar Port II of item/ CERTIFI 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month,/Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City for town) (Stote) factory, street, affice bldg., etc.) Not while. 0 0 at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry and find that death resulted from: Natural causes Accident Suicide Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER EXAMINER'S H.W. Ward DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Burie Cemeterv Weshington D. C. 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 746. REGISTRAR'S SIGNATURE The S.H. Hines Co. VS. A15ME(5) 2901 14th St., N.W arthur S. Krous DATEAUG 5M 9/55 Washington 9,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian, Reg. Dist. No. necessory, please estor. Page 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND burial, b. CHOY OR TOWN III outside corporole limits, whe RURAL c. LENGTH OF STAY IN 1b c. CITTOOR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ospita YES NO TH NAME OF DATE Month Day Year DECEASED (Type or print) DEATH 19C 5. SEX 6. COLOR OR BACE 7. MARRIED AND MARRIED 18. DATE OF BIRTH 9. AGE (In years 11896 IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED M DIVORCED T yrs. 10a. USIAN OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working the, even if retired) erne 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME MYAS DECEASED EVER IN M. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per lipe for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY he IMMEDIATE CAUSE (0) DUF TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), sloting the underlying couse lost Office PART ILL OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 00 PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) pino 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory street, office bldg., etc.) 205 (Gity or town) (Stote) (County) Not while at work at work 21. I certify that I took charge of the remains described above, held an Autapsy 17. Inspection . Inquiry , and find that to the Chief I DIRECTOR: F deoth resulted from: Natural causes 75 Accident Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 KINGDAVID MEMORIAL GARDIEN ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR - + donal - 3501-14 VS. AISME(S) Cirthur & High 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THE BROKETLAND FOR THE REPORT OF THE REPORT OF THE PROPERTY OF THE REPORT OF THE PROPERTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) N o. COUNTY a. STATE filed b. COUNTY MARYLAND maryland funeral suld be fi b. CITY OR TOWN (If outside corporate limits, write RYRAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) vet, mad d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE DECEASED filled Pages death. (Type or print) Eller Ce DEATH S. SEX 6. COLOWOR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) DIVORCED [WIDOWED | yrs. papers hoors of 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) cami during most of arking life, even it retires pup carban 2 14. MOTHER'S MAIDEN NAME 13. FATHER'S MAMI up _ physici avo 17 JNEORMANT 15. WAS DECEASED EVER IN U 16. SOCIAL SECURITY NO. ttending ease 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ō IMMEDIATE CAUSE (a) DUE TO igned by Canditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the under-Certificate has been g physician. lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISSASE CONDITIONS IVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFIC 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (CATO) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory_street, office bldg., etc.) While Not while at wark ot wark Pa saw the deceased alive an 19 , and that death occurred at _____M, from the causes and an the date stated above. DIRECTOR: 22a. SIGNATURE ATTENDING DIRECTOR [be PHYS.

22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

e. IS RESIDENCE ON A FARM? YES NO Year IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET-AND DEATH bru PERFORMED? YES NOT (Stote) (County) 19___, that (I) (we) last 22b. DATE SIGNED STAFF PHYS. 23d. LOCATION (City/town, or county) (Stote) 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR Chilling S. Krisia DATE ANG 1 5 '61

0 VR A15 (4) 15M 9/59

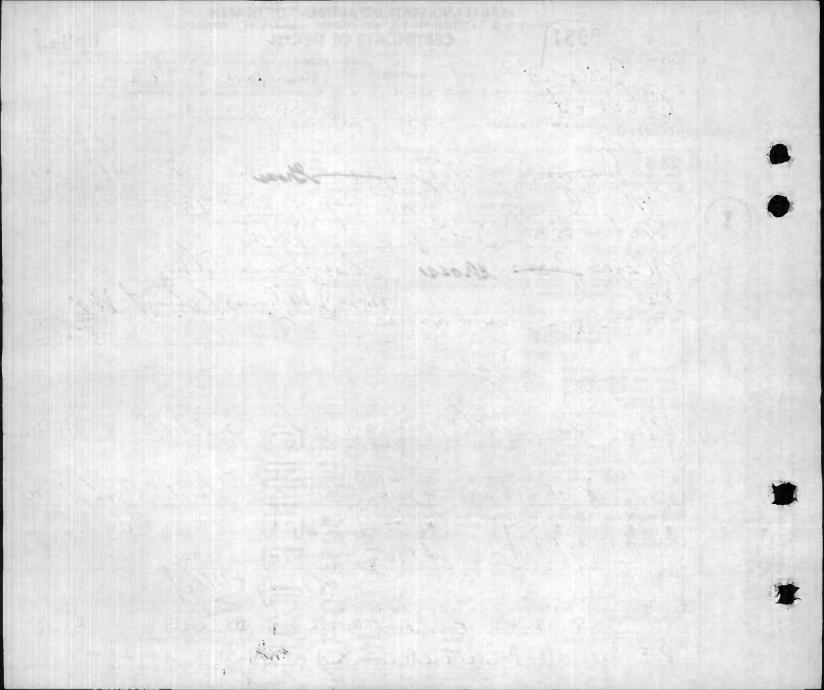
shauld

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

230 BURIAL CREMATION, 236. DATE THEREOF



death. To HONEAL DIRECTOR: And the hospital or attending physician.

TO FUNEAL DIRECTOR: And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the side with the State Dept. of Health prior to burial-transit permit. And in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1894)

| 1. | PLACE OF DEATH a. COUNTY Calvert | | | MARYLAND | a. STATE | | b. COUN | | idanca bef | ora admission) |
|---------------|---|--|-------------|-----------------------------|------------------------------|------------------------|---------------------|---------------|---------------|-----------------------------|
| | b. CITY OR TOWN (in write RURAL and Prince Free | foutsida corporata limit: give nearast town) | s, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | (If outside corpo | orate limits, writa | RURAL and g | lve neares | it town) |
| | | | not in hos | pital, giva streat address) | d. STREET ADDRESS | | | | 1 0. | IS RESIDENCE |
| | | inty Genera | | | 3rd & Fred | derick S | treets | | YES | ON A FARM? |
| 3. | NAME OF DECEASED (Type or print) | FREDERICK First | | JOS EPH | Lost HOFFMAN | 4. DATE OF DEATH | Augus | | Day | Year 19 61 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIE | D TENEVER MARRIED B | . DATE OF BIRTH | 9. | AGE (In years | IF UNDER 1 YE | AR IF U | NDER 24 HRS. |
| | Male | White | WIDOWE | | June 7th, 18 | 385 | 76 yrs. | Months Da | ys Hou | urs Min. |
| do | na during most of wor | ON (Give kind of work rking life, even if retired er-Retired | 3) | GOV t | Germany | unty & Stata, or f | oreign country) | 12. CITIZE | USA | AT COUNTRY |
| 13. | FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | NAME | | | | |
| | Frederick | J. Hoffman | | | Margaret | (Unkno | wn) | | | |
| | | R IN U.S. ARMED FOR yasgive war or datas of sa None | rvice) | | nformant llie A. Hoff | man, 3r | Address d & Free | North | Beacl Sts. | h, Md. |
| | PART I. DEATH | H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Which (b) | causa par I | front money | in supp | even | æy | | | L BETWEEN |
| ATION | (a), stating the uncause last. | ndarlying DUE TO | TONS CON | TRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERM | Cerral DISEASE C | CONDITION GIV | EN IN PART 1(| | AS AUTOPSY ERFORMED? |
| CERTIFICATION | 20a. ACCIDENT WAR | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER | 20b. DES | CRIBE HOW INJURY OCCURED | , (Entar natura of injury is | n Part I or Part II | of itam 1B.) | | | |
| MEDICAL | 20c. TIME OF INJU Hour a.m. p.m. | RY Month, Day, Yaa | while | Not Whila fact | CE OF INJURY (Homa, fa | | or town) | (County |) | (Stata) |
| | 21. I certify the saw the decease | ~ Ck | al) attend | ded the deceased from. | death occured at | 19, to | | | | (I) (we) las tated above |
| | 22a. SIGNATULE | Quell | lou | weel " | ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | | | 22b. DATE SIGNED |
| | 22c. PHYSICIAN'S NAME (Typa) | 129 | 20 | 1CARRES | 1 22d. ADDRESS 5 | the | nu | / | ζ | 3/7/6 |
| 23 | REMOVAL (Spacify) Bunial | ON, 23b. DATE THER 8/7/1963 | | Washington Na | | | land Rd. | | o.Co. | (Stata) , Md. |
| | .W.Chamber | | 517- | ADDRESS -11th St.S.E.W | | EC'D BY REGIST | | GISTRAR'S SIG | | |
| | | | | | | | | | | |

assembly afrom the right forms A STREET, STRE SINITE OF THE STREET Series -- need of cont o wollen politica de la latertage (minadatt) descende THE OF COME HILLS A METHER AND SON ASSESSED TO JEERSON WALLES 1/5/test with the bond to be the control of the con 8. . . Causi era Company, 517--11th 5t. S. S. Lanh, DC

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| 0 | J | J | ŧ |

| 1. PLACE OF DEATH o. COUNTY Calvert MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Posidence o. STATE b. COUNTY | before odmission) |
|---|--|--|
| BORAL and give neocest town | Tracys Landing | ve nearest town) |
| d. NAME OF HOSPITAL (It not in hospital, give street gddress) | d. STREET ADDRESS | e. IS RESIDENCE |
| Cristian & Amalel, | Ark Haven Club | ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) Roy First P Middle | Lost 4. DATE OF DEATH Month | Day Year |
| 5. SEX 6. GOLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | | YEAR IF UNDER 24 HRS Doys Hours Min. |
| Retired- Electrical Engineer-PEP C | | J.S.A. |
| 13. FATHER HAME | Fannie Platt | |
| 15. WAS DECEASED EVER IN U. 8 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. of unbrown) (If yes, graywor or dates of service) 577-05-0661 | Mis R. P. Johnson Ar | k Haven |
| PART . DEATH (Enter only one couse per line for (o), (b), and (c).] PART . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- | tracys Landing, Mid | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(o) 19. WAS AUTOPSY PERFORMED YES NO |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter nature of injury in Part I or Part II of item 18.) | |
| ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. While Not while of work of twork | ACE OF INJURY (Home, form, 20f. (City or town) (Coctory, street, office bldg., etc.) | ounty) (State |
| 21. I certify that (I) (this hospital) attended the deceased from sow the deceased olive an 12.2 | deoth occurred 30 M, from the causes and on the | , that (I) (we) los dote stated abave |
| | M.D. ATTENDING MED. STAFF DIRECTOR PHYS. | 22b. DATE SIGNED |
| 22c. Physician's NAME (Type) H. W. Ward | 22d. APPRESS MAS Med | |
| 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY O Burial 8/30/1961 Arlington | R CREMATORY 23d. LOCATION (City, town, or county) National Cen Arlington, Vi | (Stote) rginia |
| 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGN | NATURE |

TO HOSPIT OR ATTENDING PHY CIAN: The law requires that the death certificate be executed within 24 may be recorded by the hospital physician.

TO FUNERAL DIRECTOR: After this criticate has been signed by the ottending physician and campletery filler page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the State Baard of Health prior to burial, cremotian, or remavol, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

Pages 1 and 2 should be filed with

eath. Page

the cast tends The second secon , 'Mariana 8708' and your me that when the pottlett account that four the trace and the LAPERNO CO TORRESTANTO DE SELECTOR DE SELE

the funeral director, should be filed with rs ofter deoth. Poge 4

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TO HOSPITAL OR ATTENDING PRINCIAN: The low requires that the death certificate be executed within 24 hours after demany be religiously the hospital dending physician.

TO FUNERAL DIRECTOR: After this withfracte has been signed by the ottending physician and complexified in sy the fun page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08946

| 1. | o. COUNTY Calout MARYLAND | o. STATE b. COUNTY. | tempsia |
|---------|---|---|---|
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) REPRESENTED TO STAY IN 16 REPRESENTED TO STAY | c. CITY OR TOWN (If outside corporate limits, write RURAL and give | e nearest town) |
| | d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Calvert County Hospital | 3301 Mondamin avenu | e. IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF DECEASED (Type or print) First Middle | ROCK 4. DATE Month OF DEATH Aug | Poy Year 19 6/ |
| S. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | S. S. Le C. Bikitt | YEAR IF UNDER 24 HRS. oys Hours Min. |
| | a. USUAL OCCUPATION (Give kind of work done dring frost of working life even if retired) | Md. U | 13.4. |
| | John Rock | 14. MOTHER'S MAIDEN NAME | |
| 15 | . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.1 (If yes, give wor or dates of service) 2(6.09.1793 | ementine Rock 3301 mondar | minane |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Musicardial | Infarction | INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (b) DUE TO (c) | | |
| NOITAC | PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> 8U | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | (o) 19. WAS AUTOPSY PERFORMED? YES NO |
| GERTIE | OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ED. (Enter noture of injury in Port I or Port II of item 18.) | |
| MEDICAL | 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work 19 to work 19 | LACE OF INJURY (Home, form, coctory, street, office bldg., etc.) (Co | unty) (State) |
| | 21. I certify that (1) (this haspital) attended the deceased fram. | death accurred at 23 M, from the causes and an the | /that (I) (we) last |
| | 220. SIGNATURE | M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. | 22b. DATE SIGNED |
| | 22c. PHYSICIAN'S George J. Heems, M. D. | 22d. ADDRESS Henting town, Ind | |
| 2 | BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | or CREMATORY 230, LOCATION (City, town, or county) Com, Curry Calvert Co | melStote |
| 2. | FUNDAL GIRECTOR'S SKINGSON 134/8 APPRESSON | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGH | |

Palmet " the Lateral of proper to the transfer the as land, they said the tend will deem This was the same of the same plan lock Summittee SEE A LA DONNER WAS STEELED Every I House that some of growing have

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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118948

| | COUNTY | lveret | | MARYLAND | 2. USUAL RESIDE | NCE (Where decease | ed lived. If institution b. COUNTY | n: Residence before | are admission) |
|----------|---|---|---------------------|-------------------------------|--|-----------------------|--------------------------------------|---------------------|---|
| b | CITY OR TOWN (IF RURAL and give ned | · Trader | s, write c. LENG | GTH OF STAY IN 16 | c. CITY OR TO | WN (If autside carp | Areder | JRAL and give ne | earest tawn) |
| 4 | | L (If not in haspital, g | ive street address) | spital | d. STREET ADD | DRESS | | | e. IS RESIDENCE ON A FARM? YES NO |
| D | AME OF ECEASED ype ar print) | DA | VIEL | Middle | SEWE. | 4. DATE OF DEATH | Aug | h D | 9 196 |
| 5. SI | ×m | 6. COLOR OR RACE | 7. MARRIED I | NEVER MARRIED | B. DATE OF BIRTH | 71886 | 9. AGE (In years last birthday) yrs. | Manths Days | R IF UNDER 24 HRS Haurs Min. |
| | | N (Give kind af wark ong life, even if retired) | | F BUSINESS OR IND | Maryl | | cauntry) | 12. CITIZEN C | 5. A |
| 13. F | ATHER'S NAME | mes x | Lewel | el | 14. MOTHER'S M | 0 1 | white | | |
| (Yes, | | IN U. S. ARMED FOR f yes, give war or dates of se | ervice) | SECURITY NO. 17.1 | nformant | Brooks | Addr. | ess | n, Four |
| | PART I. DEAT | TH [Enter anly one ca H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO | 0- 3:- |), (b), and (c).] ac Failure | | | | | TERVAL BETWEEN NSET AND DEATH |
| z | Canditians, if an gave rise to im cause (a), stating to lying cause last. | mediate (|) | ULTING TO DEATH BU | T NOT BELATED TO I | LIE TEDAMINAL DISEA | SE CONDITION CIV | EN IN PART 1(a) | 10 WAS ALITOPSY |
| FICATION | | | | THE L | FEE. | | | E(4)(4)(A(1)(a) | PERFORMED? YES NO |
| CERT | 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A | ☐ CAUSE OF DEATH | 206. DESCRIBE HO | OW INJURY OCCURR | ED. (Enter nature at i | njury in Part I ar Pa | art II ar item 18.) | | |
| MEDICAL | Oc. TIME OF INJURY Haur a. m. p. m. | Manth, Day, Yea | | at while fo | LACE OF INJURY (Ho actory, street, affice b | | ty ar tawn) | (Caunty | y) (State |
| | saw the decease | (1) (this haspital addressed alive an8, | | e deceased fram. | | | 8/9/61 the causes an | | te stated abave |
| | 22a. HONATUR | ber | ul | | M.D. PHYS. | MED. | STAFF PHYS. | | 22b. DATE SIGNEI |
| | 22c. PHYSIQIAN'S NAME (Type) Zr. Ge | orge J. Wee | ems | | Huntin | s gtovm, Ma | ryland | | |
| 230/ | BURIAL, CREMATION REMOVAL (Specify) | 8- 13) | 0F 23c. N | name of cemetery | OR CREMATORY | 23d. LOCA | 0000 | ederie | (State) |
| 24. [| UNERAL DIRECTOR'S | Sevial | e. Pri | DDRESS | 4 4 10 | So. REC'D BY REGIS | | Includ 8. A | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | | | CERTIFI | CAII | OF DEATE | | | Reg. Dist. | No. 110 | 378 |
|--|----------------------------|--------------------------------|--|------------------|---|------------------------|----------------------------------|---------------------------------|--------------------|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | Calvert | ii. | MARYLA | ND 2. | USUAL RESIDENCE (WHO STATE Mary) | ere decease | lived. If instituti b. COUNTY | | | ssion) |
| b. CITY OR TOWN (If a RURAL and give near | outside corporate limit | s, write | c. LENGTH OF STAY IN | 1Ь | c. CITY OR TOWN (If o | utside carpo | rote limits, write R | URAt ond give | nearest tov | n) |
| Prince Frederick 10 days | | | | X | Dunkirk | | | | | |
| d. NAME OF HOSPITAL | | | ddress) | | d. STREET ADDRESS | | | | ON | SIDENCE A FARM? |
| Calvert Co | | | | | | | | | AF2 F | g no 🗆 |
| DECEASED (Type or print) | LUCY | s# | Middle PEARL | WHIT | Lost FINGTON | 4. DATE OF DEATH | Augus | | Doy 5 | Yeor 19 61 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRI | D NEVER MARRIED | B. DA | TE OF BIRTH | | 9. AGE (In years | IF UNDER 1 Y | | ER 24 HRS. |
| Female | white | WIDOWE | DIVORCED [| Ji Ji | une 21, 18 | 82 | 79 yrs. | Months Da | ys Hours | Min. |
| Oa. USUAL OCCUPATION during most of working | g life, even it refired) | _ | | NDUSTRY | | | iuntry) | 12. CITIZEI | | T COUNTRY? |
| Housewife 3. FATHER'S NAME | 2 | 1 1 | omestic | 12. | Marylan | | | | 7.7 | |
| | | | | 14 | . MOTHER'S MAIDEN N | IAME | | | | |
| | Cattert | | | | Laura Catt | erton | | | | |
| 5. WAS DECEASED EVER I | N U. S. ARMED FOR | | OCIAL SECURITY NO. | 7. INFOR | MANT | . // | Addi | ess | | |
| No | | | | R | aymond Whi | tting | ton. Dur | kirk, | Mary | and |
| 18. CAUSE OF DEATH | Enter only one co | use per line | far (a), (b), and (c).] | 7) | | | | | NTERVAL B | ETWEEN |
| | WAS CAUSED BY: | (0) | dino. | 1/2 8 | 1 Deceno | 11-0 | 1 | | DISET ANI | DEATH |
| 75) | MMEDIATE CAUSE (6) DUE TO | | 11 - COL CO | | sugar | Ura | -vin | | | |
| 1972 | 0 V | Para | senl. | 10. | +20 CI | 2 4 | - , / | | A | , |
| Conditions, if ony gove rise to imm | nediate | MC | oasum | KN | TOTOM | VN | There | 40 | 5-4 | cau |
| couse (o), stoting the lying couse lost. | | Ser | ue how | der | isdue | tok | Lyp. A | Ment | - | |
| PART II. OTHER | SIGNIFICANT CON | DITIONS CO | INTRIBUTING TO DEATH | BUT NOT | RELATED TO THE TERMI | NAL DISEAS | SNDITION GIV | EN IN PART I | 19. WAS | AUTOPSY |
| PART II. OTHER | | | | | | | | | PERF | DRMED? |
| A CCIDENTE INTO | UNDERLYING [7] | 20b. DESCI | RIBE HOW INJURY OCCU | IRRED. (En | ter nature of injury in P | art Lar Port | II of item IR 1 | | 1 163 [| 1 MO [] |
| OR CONTRIBUTING C | CAUSE OF DEATH | | | | | | | | | |
| | | | | | | | | | | |
| - | - ' | | | DIAGE | | Tank | | | | |
| 20c. TIME OF INJURY | | r 20d. IN. While of work | Not while | PLACE C factory, | DF INJURY (Hame, farm, street, office bldg., etc. | 20f. (City | or tawn) | (Cour | ity) | (Stote) |
| 20c. TIME OF INJURY Hour o. m. p. m. | Month, Doy, Yea | While of work | Not while of work | tactory, | street, office bldg., etc. | | | | | |
| 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify that | Month, Doy, Yea | While of work decease | Not while of work of from. May | tactory, | street, office bldg., etc. | Juga | 1961 | ,that I las | t saw the | deceased |
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| 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify that alive on | Month, Doy, Yea | While of work decease | Not while of work of from. May | tactory, | , 19 6 /, to | 2. g | 1961 | that I las | t saw the | deceased |
| 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify that | Month, Doy, Yea | While of work decease | Not while of work of from. May | tactory, | , 19 6 /, to | 2. g | 196/ 1 the causes a | that I las | t saw the | deceased |
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A STATE OF LINES OF THE STATE O Appropriate the said of the proof of the pro